



## PERSI Choice Plan 401(k) Request for Rollover Contribution

**Instructions:** Section One is to be completed by the Participant. The Participant must then have Section Two completed by the Plan Administrator of the previous eligible retirement plan, or the IRA Institutional Representative if the funds are being transferred from an IRA. Funds cannot be rolled over from a Roth IRA, Simple IRA (if you have participated for less than 2 years) or Educational IRA. **This completed form must accompany the rollover check(s). If the check is not attached, the form will be returned to Participant. Please note that the Choice Plan will not accept after-tax dollars of any kind.**

### Section One – To be completed by Participant (please print)

Participant Name	Social Security Number	Daytime Phone Number
Address		
<b>Type Of Rollover</b> Check one Only	<input type="checkbox"/> Rollover entire account <b>OR</b> <input type="checkbox"/> Rollover a portion of my account \$_____ (indicate amount of rollover).	
	<input type="checkbox"/> Direct rollover from my previous employer's eligible retirement plan or from a pre-tax IRA. <b>OR</b>	
	<input type="checkbox"/> 60-Day rollover contribution of a distribution from my previous employer's eligible retirement plan* or from a pre-tax IRA.	
	Name of former employer and name of plan, or name of IRA institution:	
	<input type="checkbox"/> Distribution to Spousal Beneficiary from spouse's eligible plan as a result of spouse's death*	
	Name of spouse's employer and plan:	
	<input type="checkbox"/> Distribution from ex-spouse's eligible plan as a result of a QDRO (divorce)*	
	Name of ex-spouse's employer and plan	

**Participant Certification:** If this is not a direct plan-to-plan rollover, or if it is a rollover from an IRA, I certify that: 1) I was entitled to this distribution as an employee, not a beneficiary other than a spousal beneficiary; 2) the distribution is not one of a series of periodic payments; 3) if I received the distribution directly, not more than 60 days have elapsed since I received it; 4) the funds are not part of a hardship distribution; 5) the funds are not the result of required minimum distributions; 6) the entire amount of this rollover contribution would be includible in gross income if not rolled over (it does not include any after-tax contributions); and 7) I understand that any Section 457 funds rolled into a qualified plan will become subject to a 10% penalty in the event of early withdrawal. If this is a distribution from an IRA, I also certify that: 8) the IRA was deposited no more than 60 days after receipt from the original qualified plan; 9) the IRA distribution was received no more than 60 days before this rollover contribution; and 10) I hereby certify that this rollover contribution does not contain any after-tax contributions.

\* Participant must provide a copy of the qualified plan's distribution statement.

Signature of Participant	Date
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You may select investment options from the funds listed on the back of this page. Otherwise, the money will default into the PERSI Total Return fund.

### Section Two – To be completed by Previous Plan Administrator or IRA Institutional Representative

The above-named participant did or will soon receive a distribution from the plan or IRA previously referenced and wishes to roll the funds into the PERSI Choice Plan. **The PERSI Choice Plan is a qualified retirement plan as defined under Section 401(a) of the Internal Revenue Code (IRC) and may only accept eligible rollover contributions. The Choice Plan will not accept after-tax dollars of any kind.**

<b>Rollover from Previous Employer's Eligible Plan or Rollover From IRA</b>	Is the distributing plan or IRA an eligible retirement plan as defined under IRC Section 402(f)(2)(B)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of Plan or IRA:	
	Plan Type: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457 <input type="checkbox"/> 408(a) IRAccount <input type="checkbox"/> 408(b) IRAnnuity <input type="checkbox"/> Simple IRA	
	Plan Administrator or IRA Institutional Representative: Is the distribution an eligible rollover distribution as defined in IRC Section 402(f)(2)(A)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Plan Administrator/IRA Representative	Signature	Date
Company	Title	Phone Number

<b>Make Checks Payable to:</b> Mellon Bank N.A. FBO: (participant name and Social Security Number) PERSI Choice Plan	<b>Return this completed form, statement(s) and check(s) to:</b> ACS HR Solutions PERSI Administration P. O. Box 1014 Totowa, NJ 07511-1014
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**PERSI Choice Plan  
Request for Rollover Contribution**

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Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**The default investment fund is the PERSI Total Return Fund. If you wish to leave your rollover contribution in that fund, you need not complete this section.**

**Please indicate below how you would like to invest your rollover money. The percentages must add up to 100%.**

SEI Stable Value Fund	Ticker Symbol: N/A	_____ %
Mellon Aggregate Bond Index Fund	Ticker Symbol: N/A	_____ %
Dodge and Cox Fixed Income Fund	Ticker Symbol: DODIX	_____ %
PERSI Total Return Fund	Ticker Symbol: N/A	_____ %
Mellon S&P 500 Stock Index Fund	Ticker Symbol: N/A	_____ %
Mellon Wilshire 5000 Stock Index Fund	Ticker Symbol: N/A	_____ %
Vanguard Growth & Income Fund	Ticker Symbol: VGAIX	_____ %
Dreyfus Premier Midcap Stock R Fund	Ticker Symbol: DDMRX	_____ %
T. Rowe Price Small Cap Stock Fund	Ticker Symbol: OTCFX	_____ %
Mellon International Stock Index (EAFE) Fund	Ticker Symbol: N/A	_____ %
Brandes International Equity Fund	Ticker Symbol: BIIEIX	_____ %
<b>Total Percentage</b>		<b><u>100</u> %</b>

**PERSI Choice Plan – 1-800-451-8228 ext. 317**

**ACS HR Solutions – 1-866-437-3774**